Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
http://www.dlp.vermont.gov
Survey and Certification Voice/TTY (802)-241-0480
Survey and Certification Fax (802)-241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

November 3, 2016

Susanne Shapiro, Manager
West River Valley Assisted Living Residence
Po Box 341
Townshend, VT 05353-0341

Dear Ms. Shapiro:

The Division of Licensing and Protection completed a complaint investigation at your facility on **October 25, 2016.** The purpose of the survey was to determine if your facility was in compliance with Vermont Assisted Living Residence Regulations. The survey statement is enclosed. This survey found that your facility was in substantial compliance with the participation requirements. However, there are two minor deficiencies that require a commitment to correct but does not require that you submit a written plan of correction.

Please sign, date and indicate your title on the bottom of the deficiency statement and return this report no later than **November 16, 2016**.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN
Licensing Chief

PRINTED: 11/03/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1007	A. BUILDING: _____ B. WING _____	C 10/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST RIVER VALLEY ASSISTED LIVING RESII	PO BOX 341 TOWNSHEND, VT 05353

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site anonymous complaint investigation was conducted by the Division of Licensing and Protection on 10/25/16. While the facility was found to be in substantial compliance, the following issues were identified that require correction.	R100		
R191 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major	R191		

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R191	Continued From page 1 services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours. 5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. 5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide a written report of any reports or incidents of abuse, neglect or exploitation to the licensing agency. Findings include: Per review of reported allegations, grievances and concerns, an allegation of staff to resident abuse occurred on 7/21/16, when a direct caregiver made a written statement to the administrator alleging that another caregiver had made comments that s/he was teaching a resident "how to speak English" by not getting the wheelchair for him/her until s/he said the word. The caregiver felt that this was inappropriate treatment of the resident. Review of the internal investigation, dated 7/22/16, the administrator received the information and began the investigation. It was further investigated on 7/25 and 7/26/16 and a report was sent to Adult Protective Services (APS) on 7/26/16. Per interview with the administrator at 10:15 AM, s/he	R191		

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R191	Continued From page 2 stated that a report had not been filed with the licensing agency.	R191		
R206 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) within 48 hours of learning of the suspected, reported or alleged incident. Findings include: Per review of reported allegations, grievances and concerns, an allegation of staff to resident abuse occurred on 7/21/16, when a direct caregiver made a written statement to the administrator alleging that another caregiver had made comments that s/he was teaching a resident "how to speak English" by not getting the wheelchair for him/her until s/he said the word. The caregiver felt that this was inappropriate treatment of the resident. Review of the internal investigation, dated 7/22/16, the administrator received the information and began the investigation. It was further investigated on 7/25	R206		

Division of Licensing and Protection

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R206	Continued From page 3 and 7/26/16 and a report was sent to Adult Protective Services (APS) on 7/26/16. Per interview with the administrator at 10:15 AM, s/he stated that the incident was not reported within the required 48 hours. S/he further stated that the staff has been trained and is knowledgeable in the requirements of mandated reporting and that the staff should have initiated the report to APS when it occurred.	R206		

VALLEY CARES INC.

WEST RIVER VALLEY ASSISTED LIVING

461 GRAFTON ROAD, PO BOX 341
TOWNSHEND, VT 05353

TEL: 802-365-7190 FAX: 802-365-7601

FAX COVER SHEET

TO: Pamela Cota	FROM: Debra Rodgers
COMPANY: DAIL, Div. of Licensing & Protection	DATE: 11/15/2016
FAX NUMBER: 802-241-0343	# OF PAGES (INCLUDING COVER): 6
PHONE NUMBER: 802-241-0480	
RE: 10/25/16 Facility Complaint Investigation – Signed Commitment	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

VALLEY CARES, INC.

P.O. Box 341 • Townshend, VT 05353
www.valleycares.org • 802-365-4115

November 14, 2016

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
Attn: Pamela M. Cota
HC2 South, 280 State Drive
Waterbury, VT 05671-2060

Re: 10/25/2016 Facility Complaint Investigation – Signed Commitment

Dear Ms. Cota:

Please accept the enclosed Signed Commitment for the 10/25/2016 complaint investigation at West River Valley Assisted Living.

As I am out of the office, I asked the facility's Nurse Manager, Debra Rodgers, to sign in my stead. Should you have any questions, please email me at SShapiro@valleycares.org.

Respectfully,

Susanne Shapiro

Susanne Shapiro, RN
Executive Director